

ADP Division/Office Approver Certification

ADP 100179 (Rev 7/06)

For Granting Access to the CalOMS Treatment Data System

ADP Approved

Date	Approver

ADP Division/Office Name: _____

To ensure the confidentiality of CalOMS Treatment data, the Department of Alcohol and Drug Programs (ADP) requests the appropriate ADP Division/Office director to designate a primary and a secondary contact to be responsible for approving ADP division/office employee requests for access to confidential patient data in the CalOMS Treatment data system. Please complete and fax this form to ADP at (916) 323-0653. If you have questions about this form, please call (916) 327-4556 or e-mail CalOMSHelp@adp.state.ca.us.

Please print all information

Primary Approver:

First Name: _____ Last Name: _____

Title: _____

Phone Number: () _____ Fax Number: : () _____

Email Address: _____

Primary Approver's Signature: _____

(Signer acknowledges having read the attached Confidentiality Statement for all AOD Patient Data.)

Secondary Approver:

First Name: _____ Last Name: _____

Title: _____

Phone Number: () _____ Fax Number: : () _____

Email Address: _____

Secondary Approver's Signature: _____

(Signer acknowledges having read the attached Confidentiality Statement for all AOD Patient Data.)

ADP Division/Office Director Certification:

I hereby designate the above-named individuals to have independent authority to approve access requests to specific confidential CalOMS Treatment data. The ADP may rely on approvals, denials, and changes made by these individuals in its processing of access requests to the above selected system(s). As changes occur to the above approving contact's information (name, phone, e-mail or system), I will sign an updated certification and fax it to the appropriate fax numbers listed above. Also, I acknowledge reading the attached Confidentiality Statement for all AOD Patient Data.

Director (signed and printed)_____
Date